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FAEGRE & BENSON LLP			EXAMINER	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No. 10/789,636	Applicant(s) ROSSINNI ET AL.
	Examiner KRISTINE K. RAPILLO	Art Unit 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If no period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED. (35 U.S.C. § 133).

Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 29 May 2009.
- 2a) This action is FINAL. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1- 14, 16 - 26, and 28 is/are pending in the application.
 - 4a) Of the above claim(s) 15 and 27 is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1- 14, 16 - 26, and 28 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on 26 February 2008 is/are: a) accepted or b) objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date 7/19/2004; 11/9/2005; 2/8/2008; 2/16/2009
- 4) Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- 5) Notice of Informal Patent Application
- 6) Other: _____

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed May 29, 2009. Claims 1 and 11 are amended. Claims 15 and 27 were previously cancelled. Claims 1 – 14, 16 – 26, and 28 are presented for examination.

Claim Objections

2. The objection to Claim 1 is hereby withdrawn based upon the amendment submitted May 29, 2009.

Claim Rejections - 35 USC § 101

3. The 35 U.S.C. 101 rejections of claims 11 – 14 and 18 – 22 are hereby withdrawn based upon the amendment submitted May 29, 2009.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

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6. Claims 1 – 10 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bardy (U.S. Patent Number 6,607,485) in view of Norris et al., herein after Norris (U.S. Patent Number 6,669,631), further in view of Webb (U.S. Patent Number 6,644,322).

In regard to claim 1 (Currently Amended), Bardy teaches a system for delivering and gathering medical information, the system comprising:

a medical data set, wherein the medical data set includes at least a first data set for a first patient derived from a first implantable medical device of a first implantable medical device type, and a second data set for a second patient derived from a second implantable medical device of a second implantable medical device type (Figures 7 and 8; column 10, lines 33 – 50 and column 10, line 59 through column 11, line 7);

a server, wherein the server includes a processor and a computer readable medium, and wherein the computer readable medium includes instructions executable by the processor (Figure 3; column 6, line 39 through column 7, line 9) to:

identify a portion of the first data set for review (Abstract; Figures 8, 9, and 10A; column 7, lines 42 – 45 and column 8, lines 40 – 47);

store the combined analysis of the first data set (column 8, lines 48 – 65).

Norris teaches a system comprising:

identify a review group by selecting from a collection of review group members capable of receiving the portion of the first data set under review through a communications network (column 5, lines 37 – 50) and returning an analysis of the portion of the first data set under review, wherein the review group includes a first member and a second member (column 5, lines 37 – 50 and column 11, lines 25 – 45) where a first and second member can be a general practitioner and an expert or specialist in the field;

provide the portion of the first data set to the first and second members of the review group (column 5, lines 37 – 50); and,

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receive a first analysis of the portion of the first data set from the first member of the review group and a second analysis of the portion of the first data set from the second member of the review group (column 5, lines 37 – 50 and column 11, lines 25 – 50).

Webb teaches a system comprising normalize the first and second analyses to provide a combined analysis of the first data set (column 11, lines 18 – 32).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system comprising normalize the first and second analyses to provide a combined analysis of the first data set as taught by Webb, within the system of Bardy and Norris, with the motivation of providing a tool to allow information to be translated into a format that can be readily understood by the user (column 7, line 52 through column 8, line 15).

In regard to claim 2, (Original), Bardy, Norris, and Webb teach the system of claim 1.

Norris further teaches a system wherein the medical data set further includes at least one of a first physician provided objective data and a first physician provided subjective data associated with the first data set, and at least one of a second physician provided objective data and a second physician provided subjective data associated with the second data set (column 11, lines 25 – 45). Norris describes a system in which both objective and subjective data is gathered and input into a database to allow a more thorough analysis and diagnosis.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the medical data set further includes at least one of a first physician provided objective data and a first physician provided subjective data associated with the first data set, and at least one of a second physician provided objective data and a second physician provided subjective data associated with the second data set as taught by Norris with the motivation of providing a system which communicates data to a medical information network which is able to deliver clinical tools to a caregiver to assist in improved patient care (column 5, lines 8 - 17).

In regard to claim 3 (Original) Bardy, Norris, and Webb teach the system of claim 1.

Norris further teaches a system wherein the analysis is a medical diagnosis, and wherein the at least one member of the review group is selected from a group consisting of: a specialist versed in providing the medical diagnosis based at least in part on the portion of the medical data set under review (column 11, lines 34 – 45), and a physician versed in providing the medical diagnosis based at least in part on the portion of the medical data set under review (column 11, lines 34 – 45).

The motivation to combine the teachings of Norris and Bardy is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 4 (Original), Bardy, Norris, and Webb teach the system of claim 1. Bardy further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor (Figure 3; column 3, lines 11 - 22).

Norris teaches a system wherein the computer readable medium includes instructions to receive a third data set derived from a third implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38); compare at least a portion of the third data set with a corresponding portion of the first data set and a corresponding portion of the second data set, wherein it is determined that the first data set and the third data set are similar (Norris: column 16, lines 7 – 28); and communicate the medical diagnosis associated with the first data set to a provider of the third data set (Norris: column 5, lines 37 – 50). Norris discloses providing data to a centralized database which would allow all pertinent providers access to the data and diagnosis of other providers (i.e. specialists).

The motivation to combine the teachings of Norris and Bardy is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 5 (Original) Bardy, Norris, and Webb teach the system of claim 4.

Norris further teaches a system wherein the provider of the third data set is selected from a group consisting of: a patient associated with the third implantable medical device (Figure 1 and column 7, lines 34 – 38), and a physician overseeing a patient associated with the third implantable medical device (Norris: column 5, lines 8 – 13).

The motivation to combine Norris and Bardy is discussed in the rejection of claim 2 and is incorporated herein.

In regard to claim 6 (Original) Bardy, Norris, and Webb teach teaches the systems of claim 1.

Norris further teaches a system wherein the first data set is converted to provide a first graphical representation, and wherein the second data set is converted to provide a second graphical representation (Norris: column 11, lines 4 – 11).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a system wherein the first data set is converted to provide a first graphical representation as taught by Norris, within the system of Bardy and Norris, with the motivation of enabling a health care provider the means to review data in a more efficient manner (column 10, line 67 through column 11, line 3).

In regard to claim 7 (Original) Bardy, Norris, and Webb teach the system of claim 6.

Norris further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor to: distribute an access tool to each member of the review group, wherein the access tool is operable to display the first graphical representation and the second graphical representation (Norris: column 8, lines 50 – 56).

The motivation to combine Norris and Bardy is discussed in the rejection of claim 6 and is incorporated herein.

In regard to claim 8 (Previously Presented), Bardy, Norris, and Webb teach the system of claim 7. Bardy further teaches a system wherein the first graphical representation is an electrocardiogram (column 2, lines 3 - 22).

In regard to claim 9 (Previously Presented), Bardy, Norris, and Webb teach the system of claim 1.

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Norris further teaches a system wherein the review group includes at least a first specialist and a second specialist, wherein the first and second specialists are versed in providing medical diagnosis based at least in part on information included within the data set, and wherein the analysis includes a first medical diagnosis from the first specialist and a second diagnosis from the second specialist (column 11, lines 34 – 45).

The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 10 (Previously Presented), Bardy, Norris, and Webb teach the system of claim 9.

Norris further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor to:

receive a third data set derived from a third implantable medical device (Figure 1 and column 7, lines 34 – 38);

compare at least a portion of the third data set with a corresponding portion of the first data set and a corresponding portion of the second data set, wherein it is determined that the first data set and the third data set are similar (column 16, lines 7 – 28); and

communicate the first medical diagnosis and the second medical diagnosis to a provider of the third data set (column 5, lines 37 – 50).

The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 2, and incorporated herein.

In regard to claim 28 (Previously Presented), Bardy, Norris, and Webb teach the system of claim 1. Bardy further teaches a system wherein the computer readable medium includes instructions executable by the microprocessor (Figure 3; column 4, line 66 through column 5, line 9; column 5, lines 46 – 64; column 6, line 39 through column 7, line 9; column 7, lines 24 – 41; and column 10, lines 7 - 32).

Norris teaches a system to compare the second data set to the first data set (column 16, lines 7 – 28); determine whether the first data set and the second data set are similar (column 16, lines 7 – 28);

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and communicate the combined analysis of the first data set to a provider of the second data set (column 5, lines 37 - 50).

The motivation to combine the teachings of Bardy, Norris, and Webb are discussed in the rejection of claim 2, and incorporated herein.

7. Claims 11 – 14 and 16 – 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bardy (U.S. Patent Number 6,607,485) in view of Norris et al., herein after Norris (U.S. Patent Number 6,669,631).

In regard to claim 11 (Currently Amended), Bardy teaches a method for obtaining medical information feedback using a medical device information system connected to a communications network (Abstract), the method comprising: receiving a first data set over the communications network at the medical device information system, the first data set originating from an implantable medical device (Figures 7 and 8; column 10, lines 7 – 32);

Norris teaches a method comprising:

identifying a review group associated with the first data set with the medical device information system by selecting from a collection of reviewers capable of receiving the first data set through the communications network (column 5, lines 37 – 50) and returning an analysis of the first data set, wherein the review group includes a plurality of members (column 5, lines 37 – 50 and column 11, lines 25 – 45);

communicating the first data from the medical device information system set to the members of the review group over the electronic communications network (column 5, lines 37 – 50);

receiving an analysis of the first data set at the medical device information system from each of the members of the review group over the electronic communications network and combining the analyses of two or more of the members to provide a combined analysis for the first data set (column 5, lines 37 – 50 and column 11, lines 25 - 50);

comparing the first data set with a second data set with the medical device information system to determine whether the first and second data sets are similar (column 16, lines 7 – 28); and

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associating the combined analysis of the first data set with the second data set with the medical device information system if the first and second data sets are determined to be similar (column 16, lines 7 – 28).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method as taught by Norris, within the method of Bardy, with the motivation of providing a system which communicates data to a medical information network which is able to deliver clinical tools to a caregiver to assist in improved patient care (column 5, lines 8 -17).

In regard to claim 12 (Previously Presented), Bardy and Norris teach the method of claim 11. Bardy further teaches wherein the analysis is a medical diagnosis (column 12, lines 41 - 49).

Norris teaches a method wherein the at least one member of the review group is a specialist versed in providing the medical diagnosis based at least in part on the first data set (Norris: column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11 and is incorporated herein.

In regard to claim 13 (Previously Presented), Bardy and Norris teach the method of claim 12. Bardy further teaches a method wherein the implantable medical device is a first implantable medical device (Abstract).

Norris teaches a method wherein the method further comprises: receiving a second data set originating from a second implantable medical device (Norris: Figure 1 and column 7, lines 34 - 38); and communicating the medical diagnosis associated with the first data set to a provider of the second data set (Norris: column 5, lines 37 - 50).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11 and is incorporated herein.

In regard to claim 14 (Original) Bardy and Norris teach the method of claim 13.

Norris further teaches a method wherein the provider of the second data set is selected from a group consisting of: a patient associated with the second implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38), and a physician overseeing a patient associated with the second implantable medical device (Norris: column 5, lines 8 – 13).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 16 (Previously Presented) Bardy and Norris teach the method of claim 27.

Norris further teaches a method further comprising: distributing an access tool to each member of the review group, wherein the access tool is operable to display the first graphical representation and the second graphical representation (Norris: column 8, lines 50 – 56).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 17 (Previously Presented) Bardy and Norris teach the method of claim 27. Bardy further teaches a method, wherein the first graphical representation is an electrocardiogram (column 2, lines 3 – 22).

In regard to claim 18 (Original) Bardy and Norris teach the method of claim 11. Norris further teaches a method wherein the data set is stripped of identification information prior to communicating the data set to the at least one member of the review group (column 5, lines 40 – 42). As is old and well known, government and international database repositories are stripped of patient identifying information when used to educate the public.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein the data set is stripped of identification information prior to communicating the data set to the at least one member of the review group as taught by Norris, within the

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method of Bardy, with the motivation of providing a tool to aid health care providers in medical diagnosis (column 12, lines 47 – 57).

In regard to claim 19 (Previously Presented), Bardy teaches the method of claim 11, wherein the first data set is received from a source selected from a group consisting of: a programmer (column 2, lines 5 – 22). Bardy fails to teach a method consisting of a bedside monitor and a mobile monitor.

Norris teaches a method consisting of a bedside monitor (column 8, lines 7 - 16), and a mobile monitor (column 8, lines 7 - 16).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 20 (Original) Bardy and Norris teach the method of claim 11.

Norris further teaches a method wherein the review group includes at least a first specialist and a second specialist, wherein the first and second specialists are versed in providing medical diagnosis based at least in part on information included within the data set, and wherein the analysis includes a first medical diagnosis from the first specialist and a second diagnosis from the second specialist (Norris: column 11, lines 22 – 45 and column 15, lines 15 – 29).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 21 (Previously Presented), Bardy and Norris teach the method of claim 20.

Norris further teaches a method wherein the data set is a first data set, wherein the implantable medical device is a first implantable medical device, and wherein the method further comprises: receiving the second data set originating from a second implantable medical device (Norris: Figure 1 and column 7, lines 34 – 38); and communicating the first medical diagnosis and the second medical diagnosis to a provider of the second data set (Norris: column 5, lines 37 – 50).

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The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 22 (Previously Presented) Bardy and Norris teach the method of claim 11.

Norris further teaches a method further comprising: augmenting the first data set to create an augmented data set, wherein the augmented data set includes at least one of a physician provided objective data and a physician provided subjective data (column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 23 (Original) Bardy and Norris teach the method of claim 22.

Norris further teaches a method wherein the analysis is a medical diagnosis based at least in part on the augmented data set (column 11, lines 25 – 45).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 24 (Previously Presented), Bardy teaches a system for distributing medical data, the system comprising:

a medical data database, wherein the medical data database includes a first data set originated from an implantable medical device (Abstract; Figures 3, 7, 8; column 3, lines 11 – 44) and a second data set originated from the implantable medical device (Abstract; Figures 3, 7, 8; column 3, lines 11 – 44 and column 8, lines 48 – 65);

a server, wherein the server includes a processor and a computer readable medium, and wherein the computer readable medium includes instructions executable by the processor (Figure 3 and column 6, line 39 through column 7, line 9) to:

access the first data set and the second data set from the medical data database (column 7, lines 42 – 57 and column 12, lines 41 – 49); and

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receive a medical analysis of the first data set from the first plurality of reviewers across the communications network and a medical analysis of the second data set from the second plurality of reviewers across the communications network (column 5, lines 37 – 50 and column 11, lines 25 - 50);

Norris teaches a system comprising:

receive a request for medical data, wherein the request includes an indication of the implantable medical device (Figure 8) where the Patient Status Indicator illustrates the indication of an IMD;

communicate the first data set to a first plurality of reviewers across a communication network (column 5, lines 37 – 50 and column 6, lines 41 – 45) and the second data set to a second plurality of reviewers across the communication network (column 5, lines 37 – 50, column 6, lines 41 – 45, and column 11, lines 25 -45); and,

combine the medical analyses of the first data set into a first combined analysis (column 16, lines 7 – 28); and,

combine the medical analyses of the second data set into a second combined analysis (column 16, lines 7 – 28).

The motivation to combine Bardy and Norris is discussed in the rejection of claim 11, and is incorporated herein.

In regard to claim 25 (Previously Presented), Bardy and Norris teach the system of claim 24. Bardy further teaches a system wherein the implantable medical device is implanted in a patient, and wherein the reviewer is a physician of the patient in which the medical device is implanted (column 2, lines 3 – 22 and column 12, lines 20 – 39).

In regard to claim 26 (Original) Bardy and Norris teach the system of claim 24.

Norris further teaches a system wherein the first data set is converted to provide a first graphical representation, and wherein the second data set is converted to provide a second graphical representation (Norris: column 11, lines 4 – 11).

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The motivation to combine the teachings of Bardy and Norris is discussed in the rejection of claim 6, and incorporated herein.

Response to Arguments

8. Applicant's arguments filed May 29, 2009 have been fully considered but they are not persuasive.

Applicant's arguments will be addressed herein below in the order in which they appear in the response filed May 29, 2009.

9. With regard to claim 1, the Applicant argues that Norris does not teach or suggest that the disclosed data management system identifies a review group including first or second members that are capable of receiving data and returning respective first or second analyses of the data back to the system and that Webb does not teach or suggest that the processor normalizes analyses.

The Examiner respectfully submits that Norris discloses the IMD generated patient information can be delivered to one or more of the patients and the health care providers that is providing care to the patient (column 5, lines 37 – 50), which indicates that there may be more than one health care provider. Norris also discloses where a patient specific medical file is delivered to a patient or medical care provider authorized to receive the file (column 16, lines 51 – 61) where the health care provider would be a first member capable of receiving data. The healthcare provider has the capability of analyzing or reviewing the patient data using tools which provide expert level analysis of patient data (column 11, lines 25 – 35). Thus, the Applicant's arguments are non-persuasive and the rejection is maintained.

The Examiner respectfully submits that Webb teaches receiving input from varied sources (column 10, lines 54 – 65) implying that data is received from other types of medical devices as well as patient medical records. Webb discloses translating the data from the sources into one readable language selected by the user, thus normalizing the data received (column 7, lines 19 - 49). Thus, the Applicant's arguments are non-persuasive and the rejection is maintained.

10. With regard to claim 11, the Applicant should submit an argument under the heading "Remarks" pointing out disagreements with the examiner's contentions. Applicant must also discuss the references applied against the claims, explaining how the claims avoid the references or distinguish from them.

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11. With regard to claim 24, the Applicant argues that Norris's data management system does not provide information from the patient's implantable device to a person or group of people for review and analysis or that Norris does not teach or suggest a processor that communicates the first data set to a first plurality of reviews across a communication network and the second data set to a second plurality of reviewers across the communication network.

The Examiner respectfully submits that Norris does provide information from the patient's implantable device to a person or group of people for review and analysis as discussed in the claim 1 response above to the Applicant's argument.

The Examiner respectfully submits that Norris teaches a processor that communicates the first data set to a first plurality of reviews across a communication network and the second data set to a second plurality of reviewers across the communication network (Column 11, lines 25 – 45). Norris discloses where a set of collected measures (i.e. data set) is communicated over a network server (i.e. communication network) to be analyzed (column 3, lines 27 - 50). It is obvious that if the data can be sent to one health care provider over a network, the data can be sent to a second health care provider for analysis and/or review. Thus, the Applicant's arguments are non-persuasive and the rejection is maintained.

Conclusion

12. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

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13. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/C, Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626